MAR. 29. 2007 2:20PM

READ ALL INSTRUCTIONS BEFORE COMPLETING. NO. 149

L04000078144

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 29 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

INVICTA FUNDING, LLC

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2. Principal Office Address	3. Mailing Office Address
1515 US 1	419 WEST VINE STREET
Suite, Apt. #, etc. SUITE 201-202	Suite, Apt. #, etc.
City & State SEBASTIN, FLORIDA	City & State KISSIMMEE, FLORIDA
Zip 32958 Country US	Zip 34741 Country US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/27/2004

6. FEI Number: 200432222 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: IAN J. LYLEN, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 8680 COMMODITY CIRCLE

Suite, Apt. #, Etc.: 200B

City: ORLANDO, State: FL Zip Code: 32819

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 3-29-07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BENT DANHOLM	EASTERN RD., P.O. BOX EE-17057	NASSAU, NP EE170-57 BS

REINSTATEMENT 2006-2007

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 3/29/07 Daytime Phone # 321 286 0600

Typed or printed name of signing Managing Member/Manager Bent Danholm